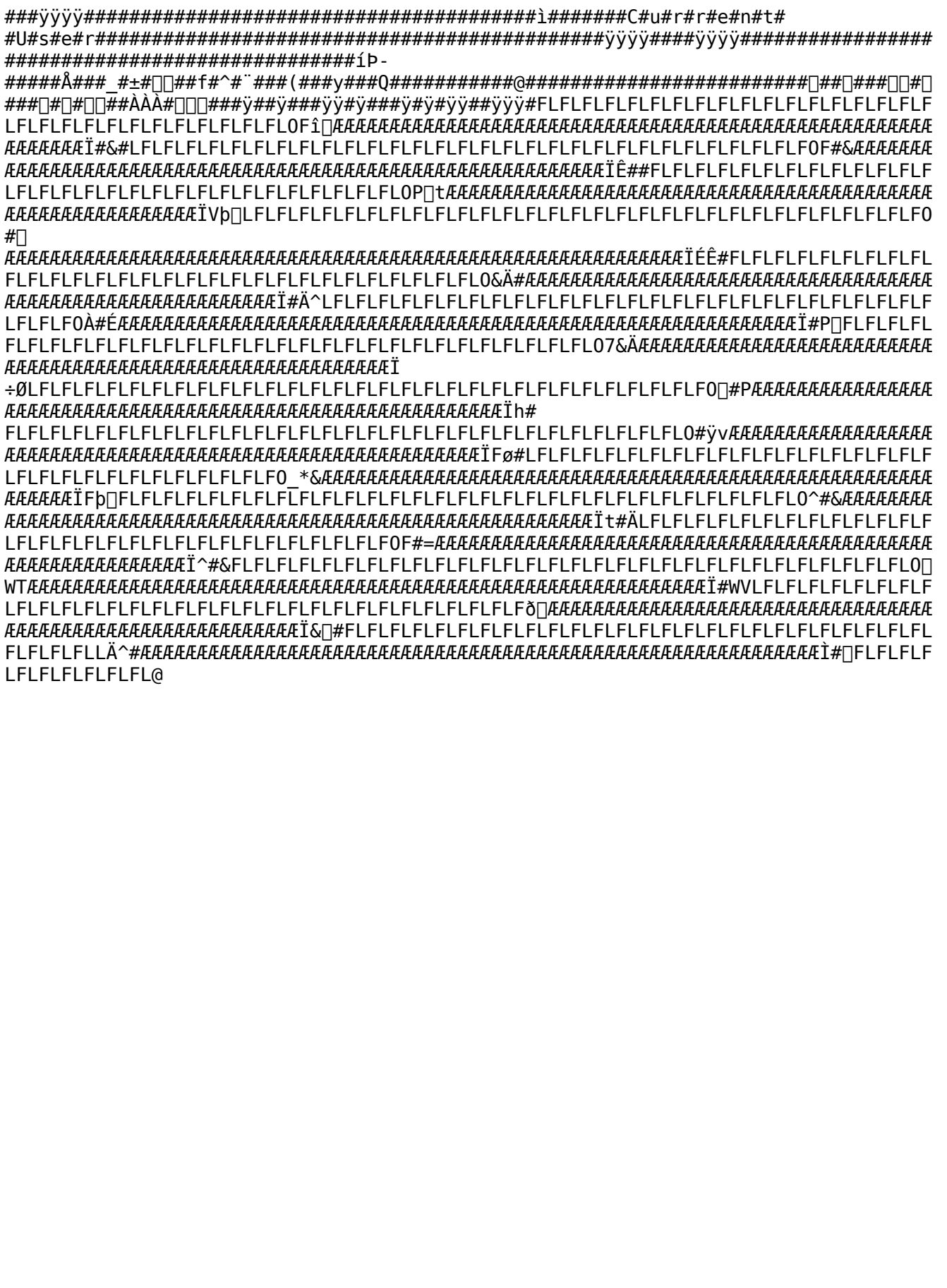

###0#0##0##@1################0##□##ÌøÁ#□#□ ÿÿ####ÿÿ####Uÿ¥#ÿÿd#########äÿ########□###primitive gut divided into three regions foregut: giving rise to #pharynx,esophagus,stomachmidgut:giving rise to small and large intestinehindgut:giving rise to colon and rectumabdominal wall is formed by the somatic and #splanchnic layersof the cephalic,lateral, and caudal foldsfailure in the development of one of these #folds will result in formation of an anterior #wall defect#

```
#################0###
#####################T####d##########Çÿ#########0#####löÉþ
      ##ÿÿ$###ÿÿ####Uÿ¥#ÿÿd##########Õÿ##÷ÿ#### ###Absence abdominal wall fascia
Herniation abdominal contentsEccentric displacement umbilical cordSmall
underdeveloped abdominal cavityThin sac covering defect
```

#.6########DL######0####ÌøÁ#Ì#o#ÿÿ####ÿÿ####Uÿ¥#ÿÿd#########äÿ#########w###greek
omphalos=navel,cele=herniaabsence of abdominal wall fascia tela #subcutaneathin
sac part amnion/part peritoneum#

#□#ÿÿ####ÿÿ####Uÿ¥#ÿÿd#########äÿ#########f###divided into two groupssmall hernia of umbilical cord<4cmgiant omphalocele >4cm with liver herniated

```
###0#0###############dl######0##□##ÌøÁ#¼#o#ÿÿ####ÿÿ####Uÿ¥#ÿÿd#########äÿ########v
###30-50% develop hypoglycemiamay last first year of lifesecondary to islet cell
hyperplasiaresultant hyperinsulinemia
```

```
###############0###
###################T#□###d#########Çÿ########0##□##
´÷AÿT#O#ÿÿ$###ÿÿ####Uÿ¥#ÿÿd#########Õÿ##÷ÿ####V###Umbilical cord left defect
Absence sac over herniationAbdominal cavity more developed
```

```
###############0###
################
###T#□###d#########Çÿ########0##□##Ôö¡þ\#ï#ÿÿ$###ÿÿ####Uÿ¥#ÿÿd#########Õÿ##÷ÿ####□
###Incidence 1 in 50,000Infarction /atresia bowel commonInfrequent congenital
malformationsHigh association prematurityHerniated contents rarely livert
```

```
###0#0#ÿÿÿÿÿÿ########HI######0##□##ÌøÁ#□#ï#ÿÿ####ÿÿ####Uÿ¥#ÿÿd#########äÿ#########3
###isolated omphalocele represents failure of #lateral folds to engulf the midgut
and form the #future umbilical ringShaw suggested in early 80's that gastroschisis
#is a simple herniation of the cord that ruptures #after completion of the
anterior abdominal #wall but before completion of the umbilical #ring#
```

```
###0#0############### s######0##□##ÌøÁ#□#¯
      ÿÿ####ÿÿ####Uÿ¥#ÿÿd#########äÿ#########v###Glick in 1984 used ultrasound to
observe the #chronologic in utero development of #gastroschisis27 weeks moderate
size soft tissue mass #adjacent to fetal anterior wall contained in sac31 weeks
mass with loops of bowel identified #contained in sac35 weeks free floating bowel
in amniotic fluidat csx 4cm wall defect to right of the #umbilical cord no sac
remnant visible
```

```
###0#0###############pe######0##□##ÌøÁ#□#/ÿÿ####ÿÿ####Uÿ¥#ÿÿd#########äÿ########
´###often intubated in delivery roompremature remember risk ROP <36 weekPh
7.35-.40,PaC02 30-40,PaO2 50-70,Sa02 #86-92%gastric decompression to prevent
aspirationprevent air progressing past pylorus where #irretrievable and cause
increased difficulty in #repair    bowel covered by moist saline dressingprotect
from dehydrationcare not to twist bowel impair vascular #integrityinfant covered
with plastic wrap to minimize #heat loss
```

###0#0##«############hn######0##□##ÌøÁ#|
#/#ÿÿ####ÿÿ####Uÿ¥#ÿÿd#########äÿ#########Ñ###consider hypoglycemia until proven otherwisedextrose solution at 5-7 mg/kg/minbrain and heart depend on glucose as major #energy substratelimited hepatic glycogen storage <2.5 kgthird space loss open bowel#

```
#################$###
####################T#□###d#########Õÿ########0##□##□øIþt#□#ÿÿ$###ÿÿ####Uÿ¥#ÿÿd##
#######Õÿ##÷ÿ####□###Inspection protruding visceraEvaluation respiratory system
Cardiac evaluationTemperature stabilizationEvaluation intravascular status
```

###0#0##«###################0##□##ÌøÁ#t#¯

ÿÿ####ÿÿ####Uÿ¥#ÿÿd#########äÿ############r/o torsion or angulation of bowel correct #dehydration/hypovolemia/hypoglycemiaekg,echo especially in omphalocele chest x-rayblood gases pH< 7.2 with B.E. > -6 correctelectrolytes especially calciumbowel exposure to acidic amniotic fluidmarked reduction in total serum #protein,albumin#

```
#################0###
#####################T#□###d#########Çÿ########0##□##ôö□þT
      Ï#ÿÿ$###ÿÿ####Tÿ¥#ÿÿd#########Õÿ##÷ÿ####□###Reduced complications
Sepsis,sac dehiscence,prolonged ileusIncreased complication    hypotension,bowel
ischemia,unuria    respiratory failure
```

```
# ######### #####,########### ######### ####ÿ□#ÿÿd#########d#########2##□##zöíü□
      ã#ÿÿ####ÿÿ#####ÿ¥#ÿÿd#########d#########R###Click to edit Master text styles
Second levelThird levelFourth levelFifth level
```

```
xmlns="http://schemas.openxmlformats.org/package/2006/metadata/core-properties"
xmlns:xsd="http://www.w3.org/2001/XMLSchema"
xmlns:xsi="http://www.w3.org/2001/XMLSchema-instance"
xmlns:dc="http://purl.org/dc/elements/1.1/"
xmlns:dcterms="http://purl.org/dc/terms/"
xmlns:odoc="http://schemas.microsoft.com/office/internal/2005/internalDocumentatio
n">
<xsd:import namespace="http://purl.org/dc/elements/1.1/"
schemaLocation="http://dublincore.org/schemas/xmls/qdc/2003/04/02/dc.xsd"/>
<xsd:import namespace="http://purl.org/dc/terms/"
schemaLocation="http://dublincore.org/schemas/xmls/qdc/2003/04/02/dcterms.xsd"/>
<xsd:element name="coreProperties" type="CT_coreProperties"/>
<xsd:complexType name="CT_coreProperties">
<xsd:all>
<xsd:element ref="dc:creator" minOccurs="0" maxOccurs="1"/>
<xsd:element ref="dcterms:created" minOccurs="0" maxOccurs="1"/>
<xsd:element ref="dc:identifier" minOccurs="0" maxOccurs="1"/>
<xsd:element name="contentType" minOccurs="0" maxOccurs="1" type="xsd:string"
ma:index="0" ma:displayName="Content Type" ma:readOnly="true"/>
<xsd:element ref="dc:title" minOccurs="0" maxOccurs="1" ma:index="4"
ma:displayName="Title"/>
<xsd:element ref="dc:subject" minOccurs="0" maxOccurs="1"/>
<xsd:element ref="dc:description" minOccurs="0" maxOccurs="1"/>
<xsd:element name="keywords" minOccurs="0" maxOccurs="1" type="xsd:string"/>
<xsd:element ref="dc:language" minOccurs="0" maxOccurs="1"/>
<xsd:element name="category" minOccurs="0" maxOccurs="1" type="xsd:string"/>
<xsd:element name="version" minOccurs="0" maxOccurs="1" type="xsd:string"/>
<xsd:element name="revision" minOccurs="0" maxOccurs="1" type="xsd:string">
<xsd:annotation>
<xsd:documentation>
                        This value indicates the number of saves or revisions. The
application is responsible for updating this value after each revision.
                    </xsd:documentation>
</xsd:annotation>
</xsd:element>
<xsd:element name="lastModifiedBy" minOccurs="0" maxOccurs="1" type="xsd:string"/>
<xsd:element ref="dcterms:modified" minOccurs="0" maxOccurs="1"/>
<xsd:element name="lastPrinted" minOccurs="0" maxOccurs="1" type="xsd:dateTime"/>
<xsd:element name="contentStatus" minOccurs="0" maxOccurs="1" type="xsd:string"/>
</xsd:all>
</xsd:complexType>
</xsd:schema>
</ct:contentTypeSchema>###################<?xml version="1.0" encoding="UTF-8"
standalone="no"?>
<ds:datastoreItem ds:itemID="{F1910833-C58F-4C98-B608-7F47BEEDC848}"
xmlns:ds="http://schemas.openxmlformats.org/officeDocument/2006/customXml"/>######
#################################################<?mso-contentType?><FormTemplates
xmlns="http://schemas.microsoft.com/sharepoint/v3/contenttype/forms"><Display>Docu
mentLibraryForm</Display><Edit>DocumentLibraryForm</Edit><New>DocumentLibraryForm<
/New></FormTemplates>#####################################<?xml version="1.0"
encoding="UTF-8" standalone="no"?>
<ds:datastoreItem ds:itemID="{A1590CCA-6E19-4435-B1D4-14D22F4016AC}"
xmlns:ds="http://schemas.openxmlformats.org/officeDocument/2006/customXml"/>######
#################################################þÿ#######ÕÍÕ
□.##□□##+,ù®#####ÕÍÕ□.##□□##+,ù®D####ÕÍÕ□.##□□##+,ù®l###(##################□
#######°#######   ###x###########(#######L######□T#######\###########
```